

Dear Committee Members:

It has come to my attention that all of you, with the exception of one member, were on the committee last year when large volumes of oral and written testimony were submitted. Even though I understand that this year's upcoming hearing is necessary in order for the bill to go forward, I sincerely doubt that you will hear or read any arguments or claims that you have not already heard or read. To the extent that I can assist in shedding any light on the matter I have taken the liberty of copying a 2/25/14 article from the New Haven Register in which the opponents of the bill were given the opportunity to articulate the grounds for their opposition. I have inserted the comments I would have made in response to their claims, had I been present. Here is the article along with my comments:

NEW HAVEN >> Far from a benign bill that offers dying persons a choice to end their life, "aid in dying" is cold-hearted legislation that could lead to abuses and people dying long before their time, according to opponents.

Me: Far from being "coldhearted" the bill is exactly the opposite. It rescues fellow human beings from needless and undesired suffering, but only if they are competent and able to ask for it. What is "coldhearted" is turning our backs on those suffering people, assuring that their agony lasts as long as possible. As for the alleged potential abuses there is no evidence to support this claim. In fact 16 years of evidence from Oregon refutes the claim out right.

Representatives of the [Family Institute of Connecticut](#) and [Second Thoughts Connecticut](#) met with the Register's editorial board Tuesday. Members of [Compassion & Choices](#), who are lobbying for the bill, [met with the board Feb. 18](#).

While safeguards have been added to a 2013 bill that was not voted on, including a waiting period and a second consulting doctor, Peter Wolfgang of the Family Institute said there could never be a perfect law making "assisted suicide," as opponents call it, legal.

"I think it's an unrealistic hypothetical," he said. "It's impossible to have a law for assisted suicide that would be free of problems."

Me: The claim is patently untrue. Again, 16 years of evidence from Oregon shows that not a single documented claim of abuse or "problems" exists.

In fact, said Cathy Ludlum of Second Thoughts, there are people like John Norton of Quebec, who wrote an affidavit against a bill in that province. He had been diagnosed with amyotrophic lateral sclerosis (Lou Gehrig's disease) when he was 18 and said he would have ended his life if he had had the chance.

Instead, his disease stopped progressing, he married, had three children and a grandchild. He was 75 when he wrote his affidavit.

Me: I have to question the quality of our diagnostic tools as they existed over a half century ago, with regard to this particular disease. Obviously, with regard to this disease, the patient would now be told that there was a possibility of remission.

The Connecticut bill as written permits a mentally competent adult expected to live less than six months to receive a prescription for lethal medication. But opponents fear that future amendments to the bill could loosen the requirements and permit euthanasia, which Wolfgang said is the case in Belgium, which doesn't even have an age limit.

Wolfgang called Belgium's law "a flat-out euthanasia law. The slippery slope is a very real possibility here."

Me: Why use Belgium as an example, given the fact that it is not in United States and is, in fact, a culture very different from ours? Why not do the obvious, which is to use the data from Oregon, a state IN the United States ? The data from Oregon utterly refutes the "slippery slope" claim. Not only has the law not been expanded, no attempt to do so has ever been made.

Aid in dying (as its advocates call it) is legal in Oregon, Washington and Vermont. Doctors enjoy protection against prosecution in Montana and New Mexico.

Another example brought up by opponents is that of Barbara Wagner, who was offered aid in dying by her insurance company rather than cancer treatments. "You don't qualify for those drugs; they're too expensive, but you do qualify for drugs to take your life," Wolfgang said Wagner was told.

Barbara Coombs Lee, president of Compassion & Choices, said Wagner had been prescribed Tarceva, an experimental cancer drug that would not extend her life for more than a few weeks. She said Medicaid offered Wagner a list of options, including hospice care and aid in dying. Compassion & Choices objected to including aid in dying, Coombs Lee said, adding that Medicaid no longer offers it as an option, and that Wagner ultimately did get Tarceva.

Me: Coombs Lee shows that this example proves nothing.

Ludlum focused on the sensitivity of the dying process and how it's not just about "My Life, My Death, My Choice," Compassion & Choices' motto. "These issues are so complex and so involved that you really can't boil it down to just that," she said.

Me: The claim that "the issues are so complex and so involved" is just that, a claim. It is not supported by facts. Ms. Ludlum never articulates the issues she finds so "complex and...involved" that we are supposedly powerless and/or not competent to address them.

Ludlum herself has a disability requiring a feeding tube and breathing assistance at night and said she would be terminal if not for the help she gets from aides. She is serving on a committee drafting an alternative to aid in dying, called medical orders for life-sustaining treatment, which would give patients choices about the end of their lives but not assisted suicide.

Me: Ms. Ludlum's situation, especially her disability, is irrelevant to this law. The law is designed to assist competent terminally ill people who want to hasten their deaths. Since she obviously has no desire to hasten her own death, and the machines that support her prevent her from being terminally ill, the law does not apply to her. It is unclear why she is a party to this conversation. The bill clearly states that a disability, in and of itself, is not evidence of terminal illness.

"Why don't we let these processes work themselves out instead of rushing to a solution like assisted suicide," Ludlum said.

Me: It is unclear what "processes" need to "work themselves out". I don't know what this man is saying. His approach of allowing these "processes" to "work themselves out" is nothing more than opposing this bill which, in and of itself, accomplishes nothing and maintains the status quo of prolonged and unnecessary human suffering. Things don't spontaneously "work themselves out" when they are ignored.

To Ludlum, “One of the really glaring missing things is no ... independent witness at the death. We need to honor the complexity, and we need to honor the fallibility of humans ... fallibility in this case is death.”

Me: He never explains why the absence of a requirement of "independent witness at death" is a problem. His claim of undo "complexity" is, again, without substance. I don't know what he means by the "fallibility of humans" except that he believes our "fallibility....is death". I believe he is confusing fallibility with mortality. We can all agree that humans are mortal. He is adding nothing to the conversation.

Coombs Lee said that in fact “people don’t want to die alone for the most part. I think it’s exceedingly unusual.” Almost all those who take lethal medication prefer “a planned death at home in the arms of the ones (they) love” and are almost universally in hospice care.

She said that over the 16 years that Oregon’s law has been in effect, opponents “have developed a variety of stories” that are actually “half-truths and innuendoes.”

“No authority, no police or regulatory authorities in Oregon ... have ever found any merit to any of their allegations,” Coombs Lee said.

The aid in dying bill, HB 5326, is before the General Assembly’s Public Health Committee. Compassion & Choices says a public hearing will be held March 5, but the committee staff said the agenda has not yet been set.

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